

Patients delay in seeking medical care for acute myocardial infarction symptoms

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Objective: To determine the reasons for delay in seeking medical care among patients with myocardial infarction symptoms.

Methodology: Participants of this cross-sectional descriptive study consisted of 150 patients with Acute Myocardial Infarction. They were referred to Kermanshah Shahid Beheshti Heart Hospital, Iran at least 30 minutes after the onset of Myocardial Infarction symptoms. Data collection was via structured questionnaire and patient medical charts.

Results: 74% patients arrived at the hospital after two hours. There were significant differences between gender, job, smoking, employment status, place of symptoms onset, and delay time ($p < 0.05$). More than 70% of respondents

reported that the attribution of symptoms to other problems and misunderstanding of Myocardial Infarction symptoms had a moderate to high effect on their delay time. Nearly 55% of participants prayed or hoped that signs or symptoms would go away, while 20.7% tried to be relaxed and none of them asked for medical care as a first reaction.

Conclusion: Interventions to decrease pre-hospital delay must focus on improving public awareness of Acute Myocardial Infarction symptoms and increasing their knowledge on early response and treatment benefits. (Rawal Med J 2013;38: 109-112).

Keywords: Myocardial infarction, emergency medical service, chest pain.

INTRODUCTION

Cardiovascular diseases are the most threatening conditions of health and life.¹ It is the cause of death in Iran as about 40% of deaths are as a result of coronary heart disease.² Results of recent studies have shown that morbidity and mortality rate decrease if patients receive medical care as quickly as possible after Myocardial Infarction (MI) symptoms onset.³ Delays in seeking medical care in Acute Myocardial Infarction (AMI) have adverse consequences on patients' conditions,² medical cost and limits the potential benefits of early interventions.^{2,4}

Early thrombolytic therapy improves perfusion of myocardial ischemic area, limits infarct size and reduces risk of fatal arrhythmias.⁵ It increases survival rate up to 50% when provided within one hour after symptom onset.⁶ However, many patients with AMI do not benefit because of seeking medical care late,⁷ as around 50% seek medical care after 2 hours⁸ and more than one-quarter with AMI are

referred to the medical center after 6 hours.⁹ Recognition of the contributing factors may help to find and develop new interventions to lessen delays and AMI morbidity and mortality rate.¹⁰ There is no enough information on the effective factors of delay time in AMI in Iran. Therefore, the aim of present study was to investigate the causes of delay in seeking treatment among patients with AMI associated with decision time and home-to-hospital delay.

METHODOLOGY

This cross-sectional descriptive study was approved by and the ethical committee of the University of Kerman Medical Sciences. All the subjects signed written consent after receiving information on the study protocol. 150 patients with AMI admitted to Shahid Beheshti Heart Hospital, Kermanshah, Iran participated in the study. They were hospitalized for less than 72 hours. A questionnaire was used, which contained demographic characteristics of patients, history of medical problems, clinical manifestation